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A	UNIFORM HAZARDOUS WASTE MANIFEST	1. Generati	or's US EPA ID No.		danifest	2. P.			n the shaded area
3.	Generator's Name and Majling Address		1811 HIOZIER	Onlo	19 18 1		lay	4.	·
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	Generator's Phone () 14) 6	90-30	600			0. 31	ate Generato	LEJO.	
5.	Transporter 1 Company Name		6. US E	PA ID Num	her	C. SI	ele Transport	w's ID	05215
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	OMEGA RECOVERY SERVICE	1033	io. USE	PA ID Numb	Der		te Facility's		5 0 0 1
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111.	US DOT Description (Including Brane)				12. Con		13.	14.	
	US DOT Description (Including Proper S		szard Class, and ID Numb	0f)	No.	Туре	Total Quantity	Unit	/ Waste No.
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ac	scording to applicable international and	national governme	ant regulations	respects ii	i proper c	ondition	for transport	by highwa	y :
ur	nless I am a small quantity generator nder Section 3002(b) of RCRA, I also c ave determined to be economically pra	who has been e	xempted by statute or re	egulation f	rom the c	luty to	make a wast	e minimiza	tion certification
na	ave determined to be aconomically or	cticable and I be	an animal at	of treatme	volume a nt, storad	nd toxic e, or di	city of waste	betsteneg	to the degree!
Pr	Inimizes the present and future threat to rinted/Typed Name	numan nearth an	d the environment. Signature			·			or to the willelf
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UNIFORM HAZARDOUS 1. Generator's US WASTE MANIFEST CAD 981 3. Generator's Name and Mailing Address	408 8501 i	Manifest Document No.	2. 1	. 1		the shaded ereas d by Federal law.
CITY OF IRVINE 15029 SAND CANYON RD, IRVI 4. Generator's Phone (714) 724-6182	NE, CA 927	L4		nte Manifest I	8868	333 <u>52</u>
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Printed/Typed Name 19. Discrepancy Indication Space

> 20. Facility Owner or Operator Certification of receipt of hezardous materials covered by the Printed/Typed Name

FORD FRANK

Month Day Year 1032090

Month Day Year

Signature

			,			Sacramento,
UNIFORM HAZARDOUS 1. Generator's US EPA ID No. WASTE MANIFEST CAD 981 493 850	Docu	anifest ument No.	2. 1	. 1		he shaded areas by Federal law.
3. Generator's Name and Mailing Address			A. Sta	ite Manifest Docis		
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DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

3. Generator's Name and Mailing Address	ument No	-			the shaded area I by Federat law.
CITY OF IRVINE		A. Sta	ste Manifest Docu		
15029 SAND CANYON RD, IRVINE, CA 3714		B. Sta	ate Generator's ID	85	15465
Generator's Phone (714) 724-6182 Transporter I Company Name 6 IIS EPA ID Number			1111	1.1.	
OMEGA RECOVERY SERVICES CAD: 042 245:000	li i i		ate Transporter's I snaporter's Phone	21	110237
Transporter 2 Company Name 8. US EPA ID Number	<u> </u>		ité fransporter's l	0	
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

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Department of Health Services Toxic Substances Control Division Secremento, California

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f	5. Special Handling Instructions and Additional Information		L		<u> </u>	<u> </u>
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Department of Health Services Toxic Substances Control Division

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	4. Generator's Phone 714) 724-7620	,			B. St	ate Gene	rator's ID		TIGE
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See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

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DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

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White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

State of Californ
Form Approved
Piet se print o.

Health and Welfare Agency 3 No. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Texic Substances Control Division Sacramento, Catifornia

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Department of Health Services Toxic Substances Control Division Sacramento, Catifornia

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Department of Health Services Toxic Substances Control Division Sacramento, California

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Please print or type. (Form insigned for use on elite (12-pitch typewriter). 2. Page 1 1. Generator's US EPA ID No Manifest Information in the shaded areas UNIFORM HAZARDOUS Document No. 15131616 is not required by Federal law WASTE MANIFEST CAD: 981 403 | 850 A. State Manifest Document Number Generator's Name and Mailing Address CITY OF IRVINE B. State Generator's R 15029 SAND CANYON ROAD, IRVINE, CA. 92714 Generator's Phone (714 724-7762 C. State Tri ... orter's ID US FPA ID Number 1-800-852-7550 Transporter 1 Company Name -0991 D. Transporter's Phone OMEGA RECOVERY SERVICES CAD 042 245 001 E. State Transporter's ID Transporter 2 Company Name HS EPA ID Number F. Transporter's Phose State Facility's ID 9. Designated Facility Name and Site Address US EPA ID Number MD0412121457991 CALL OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD. 213/698-0991 540000 HIN CALIFORNIA CAD 042 245 001 WHITTIER, CA. 90602 13. Total 12. Containers Waste No. Quantity Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Type Wt/Vo No State 213 WASTE COMBUSTIBLE LIQUID CENTER 1-800-424-8802; WITHIN (Diesel Fuel #2, Water) EPA/Other D001 GENERAT 0 181 1 HAZARDOUS WASTE SOLID N.O.S.,ORM-E NA 9189 EPA/Que DOO1 (Absorbant, Oil) State 491 · HAZARDOUS WASTE SOLID N.O.S., ORM-E NA 918 (Curing Compund Concrete, Water) EPA/Other State EPA/Other RESPONSE K. Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above a.b.c.-Material for disposal THE NATIONAL t5. Special Handling Instructions and Additional Information *Emergency#714/724-7762 Profile#B11462 B10776 B11743 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name SPILL. and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste EMERGENCY OR generation and select the best waste management method that is available to me and that I can efford. Signature Printed/Typed Name UR t7S 17. Transporter 1 Acknowledgement of Receipt of Materials RANSPO Day Month Signature OF AN Printed/Typed Name UAVIER HERNANDE Z 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Day Month Signature Printed/Typed Name z 19. Discrepancy Indication Space 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Month Day Signature Printed/Typed Name SOLDMON Do Not Write Below This Line